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FACSIMILE TRANSMISSION

April 1, 2003

TO

Sheila

Art Group Unit #2800

FAX: 703-306-5515

From

Cynthia K. Dempster

FAX: 256-704-3905

RE: Application No. 10/045,331

(Message)

Sheila,

Per our telephone conversation this date, I have attached the Transmittal Form and Power of Attorney, Revocation of Prior Powers and Change of Correspondence Address for the above-referenced patent application.

As I stated we submitted these papers on 9/16/2002 and have not received any confirmation that the changes have taken place.

Any help that you can provide in this matter will be greatly appreciated.

Number of Pages (Including This Cover Sheet): - [6] - Page(s)
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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/045,331	
	Filing Date	October 23, 2001	
	First Named Inventor	Watson, Thomas J.	
	Group Art Unit	2877	
	Examiner Name		
Total Number of Pages in this Submission	3	Attorney Docket Number	711901.1010

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ENCLOSURES (check all that apply)


<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Affirmal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copies of Statement Under 37 CFR 3.73(b); and Assignment
REMARKS 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	
Individual Name	David L. Berdan, Registration No. 41,614
Signature	
Date	9/16/02

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name	Cynthia K. Dempster
Signature	
Date	9-16-2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.